

BECOMING A MEMBER OF VTDDC

The mission of VTDDC is to facilitate connections and to promote supports that bring people with developmental disabilities into the heart of Vermont Communities.

THE VERMONT DEVELOPMENTAL DISABILITIES COUNCIL is a state-wide Board. Members work together to increase public awareness about critical issues affecting people with developmental disabilities and their families, and to encourage systems change. 13 of VTDDC's 21 members (62%) are people with developmental disabilities and family members who are appointed by the Governor for three-year terms.

VTDDC receives approximately \$460,000 each year in federal funds that are used to create positive change for those with developmental disabilities. Members play a key role in letting VTDDC know what is happening for those with developmental disabilities throughout Vermont, and in deciding how to use funds to have the greatest impact in people's lives. Members are expected to attend four day-long meetings each year, and to be active participants on a committee or work group. They may receive stipends and are reimbursed for expenses needed to attend.

VTDDC funds public education, leadership training, and advocacy projects aimed at enhancing individual and family-centered supports and services. For example, VTDDC funds Green Mountain Self-Advocates to expand local chapters throughout Vermont. It funded the videos "Living the Autism Maze" and "Your Bill of Rights," and the brochure "Choosing Words with Dignity." If you haven't heard of VTDDC, you might have heard of our Executive Committee Fund, which helps self-advocates and family members attend conferences and trainings.

Call us at 1-802-241-2612 or toll-free at 1-888-317-2006 for more information, a brochure and application materials. You can also check our web-site at www.ddc.vermont.gov

Vermont Developmental Disabilities VTDDC 103 South Main Street - North Building Room 117 Waterbury, Vermont 05671-0206 (888) 317-2006; (802) 241-2612

MEMBER APPLICATION FOR GUBERNATORIAL APPOINTMENT

Nam	ne		Date of Birth		
Tow	n of Residence		/ear Round Resident?		
Occ	cupation				
Hom	ne Mailing Address				
Busi	iness Address				
Phor	ne (work)(home)	(fax)	e-mail		
peop mor mob	Developmental Disability Definit ple before they reach age 22 ar re life activities such as self-car pility, self-direction, independen ase check the category that fits	nd substantially re, receptive and nt living, and emp	limits functioning abil d expressive language	ity in three or	
	I am a person with a developmental disability. ** Please describe your disability:				
	I am a -family member, or	□ guardian of			
	□ adult or a □ child Please describe your relation Please describe the disability	nship	·		
Му	connection with the developmen				
[Ex	amples: direct service provider,	, advocate, emplo	byee of a specific org	 anization]	

Please let us know more about your connection to the developmental disability community by answering these questions, and adding any other information you think would be helpful.		
** Describe your involvement with people who have developmental disabilities. [For example: personal experience, other organizations you are active in, etc.]		
** Please explain why you are interested in serving on the VTDDC.		
Please add anything else you think we should know.		
You may attach a resume or any other documents that you'd like the VTDDC to consider.		

Can you attend daytime meetings? Can you spend time going over materials in preparation for meeting?				
Please list three people unrelated to y	ou who would support your appointment: hone Number			
Have you ever been elected or appoint boards/commissions) in Vermont? If y	•			
Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance (exclude traffic violations for which a fine or civil penalty of \$150 or less was paid) Yes No If yes, please give details				
·	ecord history and tax records be released to the ative and certify that the information provided in implete to the best of my knowledge.			
Signature	Date			

Please note that finalists may be asked to complete more questions for presentation to the Governor's Office as part of the appointment process.

Thank you for your interest!

Please mail the application to:

VTDDC

103 S. Main St. North One Room #117

Waterbury, VT 05671-0206

For information about completing the application just call us at 802-241-2612 or toll-free 888-317-2006.